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A Comparison of Older Adult Suicide and Adolescent Suicide through Film Representations

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I. Introduction

In the United States, rates of death by suicide have increased in the past five decades. Since 1999, the rate of completed suicide has increased 28% (National Institute of Mental Health, 2018). Approximately, 47,173 people in the U.S. died by suicide in 2017, making it the 10th leading cause of death. Although middle-aged adults have the highest rate of suicide, 20.2 per 100,000, older adults (i.e., individuals 60 years and older) closely follow with nearly comparable rates of 20.1. There are no definitive numbers or databases that track suicide attempts, as it would be a violation of patient privacy, but experts estimate that for every one suicide there are 25 attempts (American Foundation for Suicide Prevention, 2017). Media coverage has a tendency to focus on homicides and drug overdoses. However, recent research (Feldmeyer, 2019) has demonstrated that completed suicide rates are higher than both homicide and overdose rates.

Importantly, older adults are considered the most at-risk population for suicide (Cukrowicz et al., 2011). Fanning and Pietrzak (2013) identified older adults as the single largest growing age group at risk for suicide. This is due to the United States being an aging society. Fanning and Pietrzak (2013) further stated that “the rate of suicide increases with every decade of life past age 65” (p. 1771). Hopelessness and depression are often mistaken as a natural component of the aging process, but as Gallagher-Thompson and colleagues (1998) have pointed out, feelings of hopelessness and depression are considered cognitive distortions in younger populations and should be considered cognition distortions in older adults as well. To elaborate, adolescents who experience feelings of hopelessness and depression would be characterized as fighting a mental health problem; yet, often when expressed by older adults these feelings are

‘written off’ as just a part of aging. However, I argue that this should not be the case. In other words, hopelessness and depression should not be considered characteristic of the aging process.

Although likely consistent across the life course, many researchers have focused on several critical correlates associated with completed suicide in adolescence. Strandheim and colleagues (2014), as well as many other researchers, have examined factors that affected suicidal risk behaviors and suicidal ideation in adolescence, and have concluded that depression correlated positively with completed suicide. Additionally, having a family member (second degree or less) who has dealt with depression and has experienced challenges with healthy coping strategies also increased the odds that individuals experienced greater difficulty with suicidal thoughts (Strandheim et al., 2014). These risk factors—depression, family history of depression, and poor coping strategies— are similar in some ways to those that influence older adults, but they differ in one major aspect: adolescents’ tendency to act impulsively. Researchers (as well as most parents) have long known that adolescence is a stage in the life course characterized by impulsivity (Rosenberg, 1987). Importantly, many of these correlates of suicide among teens stem from problems or concerns that often are amenable to change (e.g., coping skills) or that change as individuals mature (e.g., impulsivity).

In contrast, older adults tend to experience risk factors that they cannot control and cannot change including declining physical health, functional limitations, illness, and the loss of friends, spouses, siblings, and other family members (Strandheim et al., 2014). Focusing on suicide among older adults (specifically military veterans), Fanning and Piertrzak (2013) have identified the following groups of risk factors: (1) psychiatric factors (e.g., depression, PTSD), (2) social isolation (e.g., disconnect from family), (3) recent stressors (e.g., loss of a spouse), and (4) medical problems (e.g. terminal illnesses, loss of functioning). Although their research

looked at suicide specific to American military veterans, they identified these factors as risks for older adults as an entire population. Stanley and colleagues (2016) have cited several studies that found similar relationships between lack of community or belonging and increased suicidal ideation in older adults (not specific to veterans). They also have attributed “psychache,” defined as psychological pain, as a causal agent in completed suicide. Psychache appears to be similar to the psychiatric factors defined by Fanning and Piertrzak (2013) and likely is a critical causal factor in completed suicide among older adults.

Suicide-by-other (often colloquially referred to as suicide-by-cop) is a controversial topic that is gaining increased attention in both popular culture and in psychology research. It relates closely to many other suicide factors as discussed above, but also has several unique elements. It is defined as a death in which the victim purposely escalates interactions with a law officer with the intent of being killed by said officer (Hutson et al., 1998). Hutson and colleagues (1998) have identified four main criteria that signify the individual’s attempt to commit suicide by cop: (1) suicidal intent, (2) intent to die during the encounter, (3) possession or appearance of possessing a lethal weapon, and (4) purposeful escalation of the situation. When these four factors are met, the individual’s death can and should be considered a suicide.

Moreover, because film can be actively examined as a representation of cultural and social issues, in this research project I have drawn on these risk factors to assess how suicide among older adults is understood in contemporary American society via film representation. As the rate of suicide has increased steadily, the film industry has mirrored that increase. Jamieson’s (2003) analysis of suicide in popular culture and subsequent suicide attempts has highlighted that over the past half a century, there was a significant increase of suicide portrayals in top 30 box-office films. This increase in film coverage of suicide might suggest an increase in anxiety about

suicide as a 'social problem' in contemporary American culture. Conversely, some have argued that such portrayals, in themselves, have led to increased suicide rates. However, studies about fictional depictions of suicide often have yielded contradictory findings: some studies have reported an association between viewing suicidal media and suicide attempts, while others yield no results (Gould, 2006). Additionally, even those studies that have identified an association between media representations of suicide and individuals' subsequent attempts, could not identify a causal relationship (i.e., such studies could not definitively conclude whether media caused suicidal thoughts or whether those who had suicidal thoughts tended to be drawn to suicide-related media). Although issues of 'suicide contagion' may be especially important during adolescence since impulsivity is a distinctive dimension, among older adults, however, contagion is likely a less important issue. What is important, however, is understanding how issues of psychiatric problems or psychache (e.g., depression, PTSD), social isolation (e.g., disconnect from family), recent stressors (e.g., loss of a spouse), and medical problems (e.g. terminal illnesses, loss of functioning) among older adults are portrayed by the film industry.

II. Methodology

In this project, I used two films as case-studies about suicide: one film focuses on adolescents, and the other film focuses on an older adult. The presentations of suicide are imperfect at best, but that being said, no film provides a perfect depiction of suicide, therefore the failings of these films help to exemplify the universality and applicability of theories about suicide.

The films and characters I used, Clint Eastwood's older character of Walt Kowalski, presented in *Gran Torino* (2008) and Brittany Murphy's teen character of Daisy Randone, presented in *Girl, Interrupted*, are largely different in both genre and representation. I

specifically chose these films for their contrasting portrayals of suicide. Eastwood's character exhibited suicidal ideation throughout *Gran Torino* and his death can be seen as a dramatization of ending one's own life, generally glorifying the situation, despite, technically speaking, Kowalski did not commit suicide (Kowalski gives his life through suicide by gang member— a new take on suicide by cop, on which I will elaborate).

III. Film Analysis: *Gran Torino*

Gran Torino (2008) is starred in, produced, and directed by Clint Eastwood. The film follows Walt Kowalski, played by Clint Eastwood, an aged Korean War veteran, after his wife has died from an ongoing battle with cancer. Her death has left Kowalski alone with a dog named Daisy, a strained relationship with his two grown sons and their families, and living in a neighborhood that has shifted from a primarily white, working class area to one mostly populated by poor, Asian immigrants. His relationship with his Hmong neighbors, a minority ethnic group that has immigrated from Vietnam, is one of great strain as Kowalski perceives his immigrant neighbors as no more than the enemy he fought against in his military days. From racial slurs to general rudeness, Kowalski has attempted to behave in ways that would ensure that his neighbors would want to have minimal contact with him. That is, until Tao, played by Bee Vang, his teenage neighbor, is sent to break-in and steal Walt Kowalski's car in order to be initiated into a local Hmong gang, which is led by Tao's cousin Spider (Doua Moua). Kowalski foiled the auto theft by brandishing a shotgun and threatening Tao.

As an apology attempt, and in order to restore his honor and respect for his family, Tao's mother sends him to work for Kowalski. Although Kowalski begrudgingly accepted this apology, he made no attempt to utilize Tao as a worker. Slowly, however, he and Tao begin to develop a mutual respect. Through Kowalski's new relationship with Tao and his sister, Sue,

played by Ahney Her, he begins to understand, accept, and even admire Hmong culture.

Unfortunately, Spider's gang increases their harassment of Tao, eventually leading to a brutal assault on Tao as he was walking home. Meanwhile, Kowalski receives news from his doctor. He has stage four pancreatic cancer. He is going to die in a relatively short amount of time, likely months. His time is running out, and Kowalski knows it. However, after seeing Tao's injuries, Kowalski is enraged and distracted enough from his own problems to attack a gang member, and to tell the gang member to stop the vendetta against Tao. Following this altercation, Sue goes missing. When she returns hours later, she has been raped and beaten by Spider and his gang.

Immediately, Tao went to Kowalski, looking for help to exact revenge. Kowalski and Tao then made plans to meet later in the night. Unbeknownst to Tao, Kowalski used the time to get his affairs in order: he bought a new suit, got a haircut, edited his will¹, and finally gave his confession to the local Catholic priest, Father Janovich, played by Christopher Carley. To prevent Tao from interfering with his 'real' plan, Kowalski later tricked Tao into going into the basement under the premise of preparing for an attack on the gang members. In reality, Kowalski lured Tao into the basement and locked him in for his own safety. Knowing that will not survive his encounter with the gang members, Kowalski left his silver star medal, awarded to him for combat in the Korean War, and the haunting story of what killing another individual does to a person.

Kowalski then goes to the gang's club house to confront the gang members by himself. When he arrived to the showdown with the gang members, consistent with suicide by cop, he escalated the tense street situation unto the brink of melt down, gathering all the neighbors' attention in the process. Standing on the street, Kowalski slowly reached under his jacket giving

¹ Kowalski leaves both his beloved dog and his beloved car to Tao. Although we do not see the change made, it is likely he changed his will after accepting his decision to die that night.

the appearance to the gang members that he was reaching for a weapon. This action ignited the fury of the gang members, ultimately leaving Kowalski dead. Kowalski was killed, because the gang members saw an enemy about to attack them. In contrast, the whole neighborhood saw a group of young men kill an old man who was reaching for a cigarette. The final scenes showed the gang being arrested and Tao riding off into the sunset in the *Gran Torino* with Daisy, Kowalski's dog.

Understanding Walt Kowalski: Older Adult Suicide Factors

To analyze the portrayal of Walt Kowalski in *Gran Torino*, I used the risk factors that Fanning and Pietrzak (2013) identified in their research involving suicide and older adults: psychiatric factors (e.g., depression, PTSD), medical problems (e.g., terminal illnesses, loss of functioning), recent stressors (e.g., loss of a spouse), and social isolation (e.g., disconnect from family).

Psychiatric factors — that is, ailments like depression, anxiety, and post-traumatic stress disorder (PTSD) — are the single most accurate predictor of suicidal ideation and actions (Uncapher, 1998), and this may be especially true for older veterans. According to the Department of Veterans Affairs (VA), roughly 30% of Vietnam and Korean War veterans have experienced PTSD in their lives. While Kowalski is never formally diagnosed with any mental health problems, it is often implied that he experiences PTSD and depression. Additionally, prior research has shown, with respect to psychiatric illnesses among U.S. military veterans, older veterans are especially at risk. Similarly, the following statistics and descriptive profile was published by the VA in 2014: (1) an average of 20 veterans commit suicide everyday; (2) 6 of those 20 were receiving help and/or resources from the VA; (3) roughly 65% of the veterans that

committed suicide were over the age of 50; and (4) veterans face a risk for suicide that is 21% greater than that of the general population (Thompson, 2016).

Medical problems become increasingly common as individuals age. However, an older age in and of itself, does not make a terminal diagnosis any easier to accept. As such, medical problems are a known risk factor for completed suicide among older adults. When Kowalski learns that he has stage four cancer and does not have much time left, he tries to reach out to his son. The phone call does not go well, and Kowalski is given the ‘brush off’ by his son, which further exacerbates his feelings of isolation. Consequently, Kowalski ends the phone call without telling anyone of his diagnosis. It is, in part, because he has little time left that Kowalski decides to confront the gang members and knowingly set the stage to end his life.

In terms of recent stressors, the death of Kowalski’s wife is the most obvious example. The film opens with Kowalski attending his wife’s funeral, however, the wife remains a prominent force in the movie. Kowalski often talks about his wife and his love for her. In fact, his wife is the only character to whom Kowalski openly demonstrates love. The loss of his wife is the catalyst for the events of the film. His sense of loss and loneliness in the film further increases his feelings of social isolation.

Being a veteran, his terminal medical diagnosis, and the death of his wife cumulatively contribute to Kowalski’s feelings of social isolation. Yet, from the start of the film Kowalski has trouble with all his remaining relationships: his sons and their families, his local priest, and his Hmong neighbors. Kowalski finds his grown sons to be lazy and ungrateful. Similarly, Kowalski continually demeans Father Janovich for his youth, often implying and outright telling Father Janovich that he is inexperienced and naive. Lastly, Kowalski’s neighbors are proud in expressing their culture, which angers him, bringing out frequent slurs and racist names from

Kowalski.

Similarly, one of the audience's first images of Kowalski is a frame showing Kowalski scowling at his granddaughter. Kowalski demonstrates disapproval of his family in a number ways: from criticisms of his grandchildren's clothes, to his sons' choice in cars. Moreover, Kowalski believes that his adult children view him as a burden and only reach out to him when they need something. For example, the first time we see one of Kowalski's sons reach out to him, it is in an attempt to get football tickets. Kowalski is visibly agitated by this and hangs up the phone. Without any connection to family, Kowalski is left alone after the passing of his wife. That is, until he develops his relationship with Tao.

Kowalski harbors much anger towards his neighbors, which seems to stem from blatant racism and war trauma. His Hmong neighbors are expressive and open with their culture, obviously a culture quite different from Kowalski, who apparently is a Catholic, but apart from the scenes in which he is disparaging his priest, he does not express his Catholic roots. In early interactions with his neighbors, Kowalski uses slurs and insults relating to their Asian immigrant status. In fact, many of Kowalski's taunts relate back to his time in Korea ("We used to stack fucks like you five-feet high in Korea"), signaling unresolved issues relating to PTSD after his time at war.

A prime example of Kowalski's racist beliefs and distaste for other cultures is demonstrated in the scene in which he saves Tao from the Hmong gang: Kowalski returns to his home to find offerings of food, flowers and other gifts on his porch. These are expressions of gratitude from friends and family if Tao for Kowalski's protection. However, Kowalski makes it quite clear that he did not intend to save Tao, just to protect his lawn. Kowalski quickly becomes irritated, throwing away the gifts and yelling at the neighbors who continue to bring similar

items. All the while Kowalski makes various racist slurs towards the individuals attempting to show their thanks.

What all of these relationships have in common is disconnect. Kowalski feels unconnected to his own life and the world around him. Yet, as he starts to become more in touch with Tao and Tao's family, Kowalski realizes that the cultural differences have become less noticeable. An example of this is Kowalski's reaction to receiving thank-you-gifts from Hmong neighbors after bonding with Tao. Similar to the example before, Kowalski is given many gifts of foods from his neighbors, however, in this instance (later in the film than the first example), he accepts them. Although Kowalski acts aloof at first and in a faux-begrudging way, invites the gift-givers into his home.

This is an incredible expression of acceptance from Kowalski. Throughout the film the audience is continually shown examples of Kowalski's private and somewhat unsocial nature. So, merely inviting neighbors into his home is a great example of his acceptance and growing sense of caring for others in his neighborhood. Although he resists these connections at first, Tao and his family give Kowalski a sense of connection. Kowalski comes to realize that they can be his family. Kowalski even states this quite plainly (albeit derogatorily) when he says: "I have more in common with these [derogatory term removed] than my own family."

During the first truly open moment with Father Janovich, Kowalski berates the priest, saying he knows nothing of life or death. In doing so, Kowalski talks of his time fighting in the Korean War, and the effect of its brutality: "there is stuff I'll remember till the day I die. Stuff I'll live with." Father Janovich responds: "Sounds like you know more about dying than living" (Eastwood & Eastwood, 2008).

Their interaction in this scene reflects another part of Kowalski's life from which he is alienated: the Catholic church to which his wife was a devoted member. In a study by Raines et al. (2017) individuals struggling with spirituality had higher risk for suicidal ideation as well as completed suicide. Moreover, this study specifically looked at veterans and how the violence and trauma they experienced often led to disillusionment with spirituality and faith. Kowalski's situation differs slightly, however. Kowalski was plagued by memories of violence due to military service including combat death, which ultimately leads to 'suicide,' but not in a traditional manner. Like he said, Kowalski prides himself on *living* with his trauma. A man like Kowalski could never view suicide through any kind of self-injury as an option. Dying in battle, however; that would be something Kowalski *could* consider an option, and in a way, Kowalski found a way to die in battle protecting something/someone he valued.

Although suicide-by-other is a relatively understudied area of suicidality, the four criteria that Hutson and colleagues established is widely accepted. According to the research, "cases [that are ruled suicide-by-officer] meet the following criteria: (1) evidence of the individual's suicidal intent, (2) evidence they specifically wanted officers to shoot them, (3) evidence they possessed a lethal weapon or what appeared to be a lethal weapon, and (4) evidence they intentionally escalated the encounter and provoked officers to shoot them" (Hutson et. al., 1998). Walt Kowalski meets all four of these criteria. Understandably, this may seem confusing given Kowalski was not killed by police, but by gang members. However, the suicide-by-other definition can be applied Kowalski's demise since he meets all four criteria.

Suicidal intent is always difficult to assess without clinical assessment. That being said, Kowalski's actions in the movie lead us to believe he was experiencing suicidal ideation.

In addition to his actions, he also experiences all of the factors that are associated with suicide in older adulthood, which allows us to conclude that Kowalski had the intent to end his life when he entered the gang members' property at the end of the film.

The second criteria provided by Hutson et. al. (1998) (i.e., evidence that an individual wants to be shot) is much easier to assess. Kowalski consciously puts all of his affairs in order prior to going to the gang members' house because he knows he will die there. He escalates the situation, while giving the impression he has a weapon (elaborated on next) because he has every intention of dying during the altercation.

Similarly, Hutson and colleague's third criteria is obviously met. Kowalski has already shown throughout the movie that he is often (if not always) armed. In almost every scene with the gang members Kowalski brandishes a weapon, providing the precedent that he would be armed when he arrives at the gang's house. Kowalski specifically and consciously does not arrive armed, but he wants to appear that he has a gun. At the height of their confrontation, Kowalski reaches into his jacket, appearing as if reaching for a weapon. The gang members fire, leaving Kowalski dead. During this scene both the gang members and audience are led to believe Kowalski, too, planned to fire a weapon. However, it is then revealed that he was reaching for his lighter.

Finally, Kowalski openly escalates the encounter by insulting the gang members with slurs ("swamp rats," "gooks") Additionally, he rallies the attention of the neighbors in an attempt to gather witnesses of his impending death. Kowalski wants to be killed and he wants it to be seen. His entire plan relies on two key elements: his death being considered unprompted (i.e., the gang members shot him without reason) since he was unarmed, and his death being witnessed by enough people that the gang members could be convicted of his death. By accomplishing this,

Kowalski ensures that the gang members could be arrested, tried, and sentenced, leaving Tao and his family protected. As Corkery puts it “[Kowalski] gives up his life in the service of another” (2012).

IV. Film Analysis: *Girl, Interrupted*

Girl, Interrupted (Mangold, 1999) follows Susanna Kaysen (Winona Ryder), an 18-year-old who experiences an emotional breakdown and attempts to overdose with pills and vodka. After this incident, she is checked into an in-patient psychiatric facility. This is where the majority of the film takes place, mainly focusing on Susanna Kaysen’s interactions and alliances with the other women on the ward. She befriends Polly Clark (Elisabeth Moss), who suffers from schizophrenia; Georgina Tuskin (Clea DuVall), a pathological liar; Lisa Rowe (Angelina Jolie), a charismatic, but psychotic and destructive force on the ward; and Daisy Randone (Brittany Murphy), whom I will expand on in the “Understanding Daisy” section.

Although the film primarily focuses on the relationship between Winona Ryder’s character, Susanna Kaysen, and Angelina Jolie’s character, Lisa Rowe, it is Brittany Murphy’s character, Daisy Randone, who is the only one to commits suicide. Additionally, while we are able to hear Susanna Kaysen’s internal monologue and develop a deep understanding of her feelings, we actually know very little about her life outside the in-patient psychiatric facility. This makes it difficult to assess the factors that led to her suicide attempt (which was not shown on screen, only mentioned in conversation between characters). Conversely, the viewers are given much information about Daisy Randone’s life and the various factors that led her to commit suicide. For these reason, I focus on Daisy Randone’s suicide and the factors associated with it, rather than Susanna Kaysen or any other characters shown to be suicidal in the film.

Understanding Daisy Randone: Young Adult Suicide Factors

Daisy Randone is an 18-year-old who suffers from obsessive compulsive disorder (OCD), has been sexually abused by a trusted adult, and has learned to rely on maladaptive coping strategies, such as bulimia and self-harm. She is introduced early in the film as a pretentious, but kind patient on the ward. It is quickly revealed that she has been sent to the institution for her bulimia and OCD.

The depth of her character and her struggles is fully revealed during her final scenes. Susanna Kaysen and Lisa Rowe arrive at Daisy Randone's apartment as friends, but they do not stay that way for long. Lisa Rowe and Daisy Randone have a verbal altercation, during which it is revealed that Daisy Randone has been, and likely still is, being sexually abused by her father. Lisa Rowe uses this fact to hurt Randone, saying, "I bet [your father loves you] with every inch of his manhood." The audience is also shown that Randone cuts herself and continues, despite being released from the in-patient facility. The next morning Susanna Kaysen and Lisa Rowe find Randone dead, with her wrists slit and hanging from the shower rod.

Daisy Randone's tragic death represents the impulsivity often seen in adolescent suicides. Although she does suffer from mental illness and has faced trauma in her life, it is the fight with Lisa Rowe that finally pushes her to end her life. Maladaptive coping mechanisms often are impulsive choices, like purging and cutting. The fight with Lisa Rowe, which is understandably upsetting, influenced her to commit suicide because of the impulsiveness seen in individuals of that age group (Rosenberg, 1979).

V. Discussion

Suicide is a complex, multifaceted issue and the number of individuals and families affected by suicide is growing rapidly. Since 1999, the rate of completed suicide has increased 28% (National Institute of Mental Health, 2018). Researchers have examined several critical

correlates associated with suicidal ideation and suicide attempts. Some of these risk-factors are important at all stages in the life course, however there are critical differences by life course stage. Adolescent risk factors for suicide are similar in some ways to those that influence older adults, but they differ in one major aspect: impulsivity. Strandheim and colleagues (2014) as well as many other researchers have examined factors that affected suicidal behaviors and ideation in adolescence and concluded that depression correlated positively with completed suicide and is the strongest predictor. The key correlates, which vary widely for individuals, that can be said to ‘cause’ completed suicide among adolescents include depressive symptoms, suicidal ideation, suicide attempts, family history of depression, poor coping skills, and impulsivity.

In contrast, older adults tend to experience risk-factors that they cannot control and cannot change. Fanning and Pietrzak (2013) identified four primary, and unique, factors that influence older adult suicide: psychiatric factors, medical problems, recent stressors, and social isolation. For that reason, a major focus of this paper is the unique factors that influence older adult suicide. As a point of contrast, (but not the main focus of this project), *Gran Torino* and older adult suicide was compared with *Girl, Interrupted* and adolescent suicide.

Walt Kowalski, portrayed by Clint Eastwood, is a complex and an arguably controversial figure. While he displays racially insensitive beliefs, he is portrayed as a truly caring man. He struggles with many issues throughout the course of the film from socially isolating himself, to losing the people he cares about, finally losing his health and his life. His death is brutal, gruesome, and painful for both the viewer and Kowalski himself. However his death can still be seen as a dramatization of ending one’s own life, generally glorifying the situation. Corkery (2012) would even go so far as to describe Kowalski as a Christ figure for his sacrifice for Tao. That being said, Kowalski is representative of older adult suicide, despite, technically speaking,

Kowalski did not commit suicide. He sufficiently meets all the qualifications for suicide by other. Additionally, he dealt with all of the factors that are associated with suicide and suicidal ideation in older adults.

Daisy Randone, portrayed by Brittany Murphy, has a similarly reclusive manner, but is nonetheless a kind character flanked with trauma. Her character represents the unfortunate reality of adolescent suicide. Her actions in the film are those of someone in immense pain, fueled by impulsivity. While undeniably unhealthy, self-harm, obsessive compulsive disorder, and eating disorders can be considered ways of coping, but have similar impulsive elements. Moreover, it is Lisa Rowe's insensitive use of these struggles to hurt Randone that finally influence her to end her life.

The presentation of suicide for both Kowalski and Randone is imperfect at best, but the failings show the universality and applicability of theories about suicide. Moreover, if the factors do apply to such polarized representations of suicide, it shows a real-world application of the risk factors. However, the risk factors identified with adolescent suicide do not accurately represent the situation most older adults are in, showing that older adults deal with distinct issues associated with their distinct life course stage. Using Kowalski as an example, there is nothing impulsive about his choice to die for Tao. And given youth suicide is often the focus of media attention and, by association, the focus of much research (Stacks et. al., 2014), I would like to stress the need for an increase in research looking specifically at suicide in those 65 and older. Knowing the factors that influence suicide in distinct age groups could be used to develop strategies to help real people in the older adult population and their mental health concerns.

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